

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040646

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10554

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

47 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1202 North 8th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARGUERITE

E.

REITZ

4. DATE
OF
DEATH

Month

Day

Year

NOVEMBER

1

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/16/97

9. AGE (last birthday)

65 yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

St. James, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Victor Wm. Reitz

13b. MOTHER'S MAIDEN NAME

Margaret S. Dauernheim

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mr. Carl H. Koch, 620 Pinellas Drive (26)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LEFT LUNG

INTERVAL BETWEEN
ONSET AND DEATH

6 MONTHS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 22, 1962 to NOV. 1, 1962 and last saw her alive on NOV. 1, 1962

Death occurred at 2:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

11/2/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

SS. Peter & Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 1936 St. Louis (6) NOV 3 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4520

P. O. Address Shawnee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.